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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON SCARLATINA:

ITS SYMPTOMS, PATHOLOGY, PROGRESS, PROGNOSIS,
CAUSE, DIAGNOSIS, AND TREATMENT.

By A. P. DUTCHER, M. D.,

Prof. of the Principles and Practice of Medicine in the Cleve-
land Hospital Medical College, Ohio.

[Continued from page 5.]

VI. Diagnosis of Scarlatina.

This is commonly easy. There are but three diseases with which it may be confounded; measles, roseola, and diphtheria. It may generally be distinguished from the measles by the precursory symptoms; by the time intervening between the first accession of fever, and the appearance of the rash; by the character of the eruption; and the sequelae. Measles commence with coryza, sneezing, suffusion of the eyes, cough, slight dyspnoea, and other catarrhal symptoms; while in scarlatina, the first sensation of uneasiness is referred to the throat. The eruption of measles shows itself on the fourth day of the fever, but in scarlatina it may frequently be seen on the second. In measles the rash is disposed in irregular portions of a crescentic form, and is slightly elevated, so as to be sensible to the touch; in scarlatina the eruption assumes the appearance of broad patches of an indeterminate shape. The rash has a different tint in the two diseases; it is of a vivid red appearance in scarlatina, but of a dark or raspberry hue in the measles.

In scarlatina the fever does not abate upon the appearance of the eruption to the same extent as in measles. In the first the fever will continue very high until the period of desquamation and even after this commences the skin will sometimes continue hot and dry; in the latter the perfect development of the eruption is always attended by a marked decline in the febrile symptoms, and marks a crisis in the disease. Scarlatina is frequently succeeded by inflammations of the serous membranes, and dropsy; while the measles is principally followed by affections of

the respiratory organs; such as pneumonia, bronchitis and croup.

Some writer has remarked, that the chief diagnostic sign between scarlatina and measles is the STRAWBERRY TONGUE. It is always present in scarlatina, but never in measles.

Another distinguishing mark between scarlatina and measles is to be found in the state of the urine. In measles albumen is seldom found in the urine, but in scarlatina, no matter how mild the case, it is seldom found absent, more particularly at an advanced period of the malady.

Roseola sometimes prevails epidemically, and manifests phenomena so much like scarlatina, that some writers have maintained that they were identical. There may be some remote relationship between the two affections, but they each have their own peculiar characteristics. Roseola is distinguished from scarlatina by the regular defined rash, by the absence of the sore throat, by the mildness of the general symptoms, and by the short duration of the disorder. It is, also, non-contagious.

Scarlatina is distinguished from diphtheria by the occurrence of the rash, the violence of the fever, and the want of the peculiar exudation on the tonsils, uvula, and throat, which are so universally present in the latter disorder. In the latent form of scarlatina, the general symptoms may resemble diphtheria, but the exudation on the throat is always wanting.

VII. Prognosis of Scarlatina.

This mostly depends upon three things:

1st. The form of the disease. 2d. The condition of the patient. 3d. The peculiarity of the epidemic. The simple scarlatina, though it may be attended with severe symptoms, is not in itself a fatal disorder; and where there is no complication of internal inflammation, and the rash is of a bright red color, comes out abundantly, and remains the usual time, we may hope for a favorable result; but the sequelae to which we have alluded are always to be dreaded, and often constitute far more formidable affections than the primary disease.

The malignant form is always attended with great hazard. The favorable signs are a plenti-

ful bright eruption; florid redness in the throat, and a disposition of the slough to separate, general scaling off of the cuticle, and a full and free excretion of urine. Lividity or disappearance of the rash, petechiae, stupor, general prostration of strength, total suppression of the urine, are among the most unfavorable signs.

From various statistical tables that I have consulted, I conclude that children under ten years of age are the most liable to the disease; that under twenty years of age, the number of males and females are almost equal; but that above this period, the number of females greatly exceed that of the males. I may also remark, that scarlatina is almost always fatal when it attacks puerperal women; and that the mortality of different epidemics vary in a most remarkable manner; in some, scarcely a death occurs,—and in others, whole families being carried off. The disease is commonly much milder in spring and summer than in autumn and winter. It is said to be more prevalent in temperate climates than any others; and is more severe, and propagated more extensively in humid weather, and in low, marshy districts, and in the crowded, dirty, ill-ventilated portions of cities.

As to the influence of scarlatina upon tubercular diseases, RILLIET and BARTHEZ gives the following as the result of their experience:

"1. That scarlatina rarely gives rise to tubercles.

"2. That tubercular children rarely take scarlatina, and when they do, it is anomalous.

"3. Children cured of tubercles are more liable to scarlatina than the preceding, and the eruption may be normal.

"4. Those tuberculous children who do take scarlatina have few crude tubercles, and very rarely any that are softened.

"5. In those cases, the tubercles have a tendency to become cretaceous in a short time."

I have observed for many years that scarlatina greatly modifies the effect of all the cutaneous diseases to which children are subject. If measles supervene immediately upon an attack of scarlatina, it is commonly very mild; and even small-pox is much milder in individuals who have recently had the scarlatina. Hooping cough has been known to disappear on the appearance of this by many dreaded disease; indeed, it is asserted by several writers, that it never exasperates pulmonary diseases, but on the contrary, appears to exert a curative influence. I now remember one case of a woman in my practice, who had suffered for a long time with bronchitis; it had persistently resisted every effort that I had made to arrest it, when suddenly she was attacked with the scarlatina; it was an aggravated form of the disorder, and I anticipated the most serious consequences from the old bronchial complication; but to my astonishment, it vanished, as if by magic, on the full development of the eruption; and on her convalescence from the fever, the bronchitis was perfectly cured.

VIII. Treatment of Scarlatina.

In the remarks I make under this head, I propose to give you chiefly my own experience. My attention was called to the treatment of this disease at a very early period of my practice. In the spring of 1839, I first entered upon the duties of my profession in a small town in the western part of Albany county, New York. I had resided in the place but a few weeks, when scarlatina made its appearance in one of its gravest forms. Dr. S., my friend and competitor, was a practitioner of twenty-five years experience, and had the control of the entire practice of the village and vicinity. He was what we now-a-days call a *heroic* practitioner. Bleeding, blistering, tartar emetic, calomel, jalap, nitre, aloes, gamboge, and opium, constituted his chief stock of therapeutics. All fevers he regarded as originating in inflammation, and could only be treated successfully with antiphlogistics. Scarlatina was the true type of all the phlegmasia, and must be promptly met by active depletion.

In this epidemic his antiphlogistics proved most disastrous. Out of twenty-seven patients, who first suffered with the disease, only seven recovered. The result of this management led me to the conviction that antiphlogistics were not the medicines indicated. I therefore resolved that I would pursue an opposite course of treatment, in the first case that came under my care. The character of the disease was asthenic, and required active stimulants and tonics. It was but a few days until I had an opportunity of testing the correctness of my opinion. The patient was a child of a poor inebriate; a little boy five years old, of a highly scrofulous diathesis. When I was called to see him, he had been ill three days. He appeared to be suffering with marked symptoms of scarlatina maligna. He was quite comatose, with a small intermitting pulse, and laborious and irregular breathing; mouth and throat livid, with a few ulcerous patches on the tonsils; maxillary glands very much swollen; the urine suppressed, the bowels costive, and the extremities very cold.

The prognosis was any thing but promising. The poison had overpowered the great nervous centres, and the vital forces were fast succumbing to the vile intruder. Nature was calling for help in language not to be misunderstood. To have depleted here, would have been contrary to every sound principle of medical science, and the end would have been fatal. Hence, brandy, capicum, carbonate of ammonia, the warm bath and sinapisms were recommended to be freely used.

At our next visit we found a wonderful change in our little patient. His brain was relieved; his breathing regular; pulse more full and regular; skin warm and moist; bowels freely moved, and urine in abundance. The eruption came out finely, and from this time he passed through the disease without any untoward symptoms. The only medical agents used from first to last were those mentioned above.

During the continuance of this epidemic, I attended about forty cases; all recovered but one

little girl; her case became complicated with croup, and she perished on the third day from the commencement of the fever. Since that time I have witnessed many visitations of epidemic scarlatina, treated a large number of patients, and have been as successful in making them well as most physicians. My therapeutics have always been eliminatives, stimulants, tonics, and restorative hæmatics. I cannot now remember, in all my practice, that I ever bled a patient affected with scarlatina alone. I have in a few instances, cupped, bled, and administered calomel, and antimony, to subdue dangerous complications. They are wonderful destructives, and in a disease like scarlatina, where every thing tends to such rapid waste of all the solids and fluids of the body, they should be prescribed with the greatest caution.

As yet there has been no antidote or specific discovered for scarlatina. Neither can you break it up like intermittent fever, and some other disorders. Experience will soon teach you, that in spite of all your efforts it will have its own way; it will execute its full mission, and when this has been accomplished it will cease. You should, therefore, strive in the management of the disease, to husband the resources of the system, eliminate morbid products, reconstruct the blood, and subdue dangerous complication. In this way you may hope for a happy termination of the disease. As to the special therapeutical agents which you may select, to fill these important indications, I am not particular. I will now read you three cases from my note-book, to show you how I have generally been in the habit of treating the various forms of this malady. Perhaps this will be more interesting to you than the dry details of an elaborate discussion of the numerous plans of treatment and remedies, that have been recommended for the cure of the disease by our standard medical authorities.

IX. A Case of Simple Scarlatina; Its Treatment.

May 1, 1857. Called this morning to see Jane C., aged nine years. Has been sick two days. Complained at first of lassitude and chills, which were succeeded with nausea, thirst and fever. Last night she was very restless, and slept but little, and the fever was high. I found her in the following condition: Pulse 110 per minute; tongue red and dry; thirst great; skin hot and dry, with a slight eruption of red spots upon the face and neck. Complains of pain and soreness in the throat; has pain also in the head, back, and limbs. The bowels are costive; the urine scanty and high-colored. Ordered the skin to be sponged with tepid water every three hours, and take the following every four hours, until the bowels are freely moved.

R. Magnesiae sulph.,	3j.
Potassae nit.,	gr. x.
Aquæ menth. pip.,	℥iij.
Ext. glycer.,	gr. xx. M.

21. Rested better than the night before. Pulse 100; skin not so hot and dry; the bowels have been freely moved; urine more abundant; the red spots have coalesced, and spread over the

trunk and extremities, forming patches of an irregular form and a bright red color, but presenting to the touch no feeling of elevation. The tongue is still very red, and the papillae prominent. Pain in the head and limbs not so bad. Continued the tepid sponging every four hours, and ordered sp. æth. nit. five drops every three hours, with cold water for drink.

3d. Pulse 95; skin more moist; thirst not so great; no change in the appearance of the rash. The eruption is now quite visible on the inside of the mouth and throat, which is of a bright scarlet color. Continued treatment as before, and as she complained very much of the soreness in the mouth, the following was directed to be frequently used as a gargle:

R. Alum. sulph.,	
Sodæ borat.,	℥ss.
Hydrast. Canad.,	3j.
Mel.,	3j.
Aquæ fervens,	℥j. M.

4th. Symptoms all better. Continued treatment.

6th. Patient still improving. No medicine prescribed.

8th. The rash has entirely disappeared, and desquamation has commenced. Tepid sponging was ordered in the evening.

12th. The patient is convalescent.

This case you will at once recognize as one of simple scarlatina, requiring but little medical treatment, and indeed one that would have recovered without any. And he is a wise physician, who, to use the language of the great Sydenham, does not treat it "too learnedly."

Recently I have treated a large number of cases of simple scarlatina, with the tepid bath, and the chlorate of potash alone, and they have all done well. In every form of this disease the chlorate of potash is one of our best remedies. Although not so efficacious as in diphtheria, yet we should not fail to prescribe it in connection with other therapeutical agents in every case. It acts in the blood, and withal is a powerful eliminator—dissolving all morbid products in the circulating fluids, and ejecting them from the body through the great emunctories.

X. Treatment of Scarlatina Anginosa. A Case.

June 15, 1863. Saw this morning Mary T., aged 16, of the nervo-sanguineous temperament. Took suddenly ill yesterday evening. Had a severe chill, which was succeeded with pain in the head, back, nausea, and vomiting. Her nervous system is very much agitated, and she has slept but little during the night; late in the evening she was delirious. The pulse is now 106, and respiration 35 per minute. Skin hot and dry; complains of thirst, soreness, pain, and stiffness of the neck. The glands of the neck are enlarged and indurated. Deglutition is painful; the mouth and throat are very red; the tonsils and uvula much enlarged, and the papillae of the tongue quite prominent. Has passed no urine since yesterday morning; the bowels are relaxed. There is no eruption of the skin, although it is very red.

We ordered the warm effusion bath every six hours, the glands of the neck to be painted with the fluid extract of belladonna, and a tablespoonful of the following every hour:

R. Solution chlorate potassa, (saturated) f. ʒj.
Tincture of iron, f. ʒss.
M.

16. Patient passed a more comfortable night. Skin not so hot and dry; there is some eruption on the face and neck; bowels not moved so frequently; passes urine freely, and is not so thirsty. Complains very much of pain in the throat; sub-maxillary glands not so much swollen; uvula and tonsils covered with a gray exudation, with several small ulcers upon the tongue. Continued treatment, and prescribed the following as a gargle:

R. Chloride sodium, ʒij.
Capsicum annuum, ʒss.
Acidum aceticum, dil. f. ʒvj.
Mel., f. ʒj.
Aque fervens, f. ʒviij. M.

17. Pulse 100. The rash is extending over the chest and abdomen. Throat looks better. Continued treatment.

19. Pulse 95. Not so much fever last night; the prognosis is favorable. Continued the potash and iron every three hours.

20. Patient better. Continued treatment.

21. Pulse 85. The eruption is fading. Gave potash and iron every six hours.

23. Desquamation has commenced. Ordered tepid sponging every evening, a nutritious diet, and one of the following pills every eight hours:

R. Ferri citrat., ʒj.
Strychnia, gr. j.
Ext. gentianæ, ʒj. M.

F. in pill No. 30.

29. Patient is now in the enjoyment of her usual health.

This was an ordinary case of scarlatina anginosa. The glands of the neck and throat were more affected than any other parts. They formed the chief source of annoyance. Some of our standard authors recommend cauterizing the throat with nitrate of silver in this form of the disease. But I regard it a barbarous procedure, one that should be discountenanced by every humane physician. I am fully satisfied that it greatly adds to the inflammatory condition of the throat, and could be stricken from our list of therapeutics for scarlatina without any serious loss.

In cases of sloughing of the tonsils, where it is considered indispensable by many practitioners, I never could see that it was of the slightest use, either in preventing or retarding the destructive process. I think your experience will soon teach you, that where there is a tendency to ulceration or sloughing of the tonsils or throat, in this disease or diphtheria, you will find the following a far more reliable application. I have used it for several years, and it has seldom disappointed my expectations.

R. Cupri sulph., ʒj.
Quinæ sulph., gr. xxxv.
Aque calcis, f. ʒiv. M.

This may be applied to the throat every two or three hours by means of the sponge probang. And I might add just here, that in scrofulous ulceration of the throat, there is not a more useful local remedy than this.

XI. Treatment of Scarlatina Maligna: A Case.

April 27, 1863. Called this morning to see Master R., aged 14. Has been ill four days. Complained at first of chills; pain in the head, back, and limbs, and soreness of the throat; (vomited profusely the first day); these symptoms were followed in a few hours by fever, pain, and stiffness of the neck, with enlargement of the sub-maxillary glands, and great excitement of the nervous system. The rash made its appearance on the second morning, and was regarded by the family as measles, and was subjected to the usual domestic treatment for that disorder, hot teas, sheep saffron, and all those debilitating agencies which ignorance and superstition have devised.

I found him in the second stage of scarlatina maligna. Pulse 140 per minute. Respiration 45, and chiefly intercostal. Low muttering delirium; the face red and swollen; the eyes red and watery; the pupils considerably dilated and almost insensible to the light; passes his stools under him; the urine is very scanty; skin cold, and the rash very imperfectly developed, having a purplish hue. The tonsils, uvula, and pharynx are swollen and covered with a dark brown exudation, which in some places appears to be in a sloughing condition. The tongue is dry, pointed, and of a deep red color, with a few dark brown ulcers at its tips and edges; the teeth and lips are covered with black sordes. The breath is exceedingly offensive, and there is a very foetid discharge from the nostrils. The forces appear at a very low ebb, and the prognosis anything but promising.

He was ordered the warm bath for ten minutes; this was to be followed in ten minutes by an emetic of ipecac, after which he was to take one of the following pills every three hours, and a tablespoonful of the saturate solution of the chlorate of potash every hour.

R. Quinia sulph., gr. xxx.
Ferri sulph., ʒj.
Capsici, gr. xxx.
Ext. gentianæ, ʒj. M.

Ft. pill No. 30.

The sub-maxillary glands are to be painted with the fluid ext. of belladonna, and the throat to be gargled with chloride of sodium and capsicum, the same as directed in the last case.

On calling the next morning I found my patient vastly improved. The treatment was continued for five days without any particular change, when he was placed upon the following:

R. Tinct. ferri chlor., f. ʒj.
Strychnia, gr. j. M.

Sig. 10 drops every 6 hours.

From this time the disease gradually subsided, and in four weeks he had regained his usual health.

Such is the plan of treatment we commonly institute in the management of the various forms

of scarlatina. A few additional remarks on the prognosis of this disease, and we will not trespass further on your patience. It is a well established fact, that in this disorder the eliminating organs are seriously embarrassed, particularly the kidneys. Hence it is a matter of vast importance that their functions should be carefully watched. Now I have almost always found, that an abundant secretion of urine is a favorable omen in this disease; its scanty secretion and final suppression an unfavorable one. I therefore regard the promotion of a copious excretion of the urine, almost the chief indication to be filled in the treatment of scarlatina. If this be neglected, it matters little what others are met, your efforts to save your patient's life will prove a sad failure. We all know how detrimental a suppression of the urine is even in health. How soon the brain manifests its injurious influence! How speedily coma and death ensue if it is not restored! How important then that it should be perfectly maintained, where it is made one of the chief vehicles to expel morbid products from a suffering organization which must pass from the living world, and its constituent elements mingle with the air we breathe, unless promptly relieved.

Communications.

THE CHOLERA AS IT APPEARED AT THE PORT OF NEW YORK IN 1865.

By J. SWINBURNE, M. D.,

Port Physician.

The "Atalanta," an English mail steamer, iron-built, of 325 feet in length, and 36 feet beam, with two first and second cabins fore and aft on the deck, and three separate steerages of 98, 80 and 70 feet in length, and 8½ to 9 feet in height, sailed from London on the 10th of October, with a full cargo, and 28 cabin and 12 steerage passengers.

London was at that time perfectly healthy.

On the 11th she arrived at Havre, remaining only one day and receiving 24 additional cabin and 540 steerage passengers, mostly from Switzerland, the southern part of Germany and eastern France, all, with few exceptions, passing through Paris on their way to Havre, some remaining only a few hours, others for days in the Metropolis, when already at that time cholera was reported to prevail, though to a limited extent and of a mild type. Among these were two families from Germany, who remained a day at the hotel, "City of New York," at Paris, and five days at the "Weissen Lamm" and "Hullgarder Hof," in Havre. While at these hotels, emigrants who had arrived only a few days before them were taken ill, visited and attended by government officials, and by their orders sent to the hospitals.

The "Atalanta" sailed again on the 12th of October.

On the 13th the first death from cholera occurred in the person of a little child in the family from the "Weissen Lamm."

On the 14th, 16th, 18th, 19th and 22d, five deaths from cholera occurred in one family from the "Hullgarder Hof."

On the 22d, a friend of the family, also from the Hullgarder Hof, but in the 2d steerage, sickened, and died on the 24th.

On the 28th, the first cases occurred in the 3d steerage; 3 of the emigrants from London were taken ill on the 30th, all of whom, however, recovered.

When the Atalanta arrived, the surgeon of the steamer reported 60 cases of cholera and 15 deaths during the passage; two more died after her arrival in port, and 6 out of 42 cases admitted on board the hospital ships, making a total of 102 cases and 23 deaths. Of the 42 cases treated in the hospital, 22 were admitted on the 6th; six on the 7th; two on the 8th; seven on the 9th; two on the 15th; three on the 16th; one on the 19th.

From the first case, the disease presented the uniform symptoms pathognostic of Asiatic cholera, and although in comparatively few cases terminating fatally, the same virus produced the milder forms of disease which destroyed life in 24 or even in 12 hours.

The "Hermann," which sailed from Havre at the same time with the Atalanta, arrived at the lower quarantine on the 26th of November. The physician in charge reported 7 deaths—4 children, 3 adults. The former he reported to have died of diarrhoea and inanition; the 3 adults of disease of the heart, inflammation of the bowels, and premature parturition after a few days illness. Singular, however, that the first death occurred in the very family who had lost the mother at the Hullgarder Hof at Havre, and whose disease and death, after 36 hours illness, the illiterate peasant, her husband, so graphically described, that no doubt whatever could exist, that she died of cholera asphyxia.

The "Cella," of the same line of steamers, arrived on the 20th from Havre with 360 passengers of the same class, and from the same region of country, but no case of sickness or death was reported during the passage and on arrival.

The "Mary Ann," an American bark, from Havre on the 25th of October, arrived on the 12th of December. The captain reported 5 deaths during the passage, 4 from cholera; the first died on the 28th of October, the 3 others on the 3d,

4th and 5th of November, after an illness of one to two days duration. On a small vessel, with a deck scarcely 6 feet high, and crowded to its utmost capacity, and without any special care or prevention, the disease disappeared, and all on board enjoyed good health for 30 days previous to her arrival in port.

The "*Harpwell*," which sailed on the 28th of October, a few days after the "*Mary Ann*," lost 7 infants during the passage, but no cholera cases occurred. Equally exempt were the two first class steamers "*Europe*" and "*America*," with passengers directly from Paris, where the majority had resided for some time previous.

That cholera prevailed in Paris, and to some extent in Havre, has been admitted by all, and what is still more significant, the "*Atalanta*," "*Mary Ann*," "*Hermann*," and "*Harpwell*," had each names on the passenger list which were not among the passengers, but reported to have been sent to the hospital by the local authorities at Havre. The clean bills of health were unquestionably issued by the same spirit which reported 200 cases at Paris at a time when upwards of 300 daily died of cholera.

Although the appearance of cholera was not unanticipated in the port of New York, no facilities whatever were prepared for an efficient quarantine. The *Atalanta* was immediately, upon arrival, sent to the lower Bay, the surgeon of the vessel relieved, and as soon as the hospital-ship could be prepared and the weather admitted of the removal of the sick, they were all, and as they occurred, transferred to the hospital-ship; the baggage of the passengers was opened and aired; the soiled linen washed, and baggage, bedding, and personal effects of every kind subjected to fumigation in cool chambers prepared for that purpose. This fumigation was effected by a mixture of black oxyd of manganese, common salt—equal parts, well moistened—and the addition of sulphuric acid, one part to four. The generation of gas was so abundant that one of the hands of the boat could only be restored with difficulty and after hours' attention, from the effects of inhaling the gas, four hours after fumigation had commenced.

The quarantine of passengers has been decried as barbarous and inhuman; and certainly none would be more anxious to grant them better accommodations than the officer in charge. When we, however, consider that the disease is not in the vessel, but among her passengers, and will necessarily accompany them wherever they go, that the accommodations on board the vessel, if scanty, are at least adequate to their wants

and such as they are accustomed to, the neglect of the authorities to provide proper accommodations, though not less flagrant, was at least shorn of its alleged inhumanity and barbarity, in fact, that debarcation does not eradicate the disease, any medical man will admit, and as an instance in proof, I may mention the case of the "*North America*," in 1854. Cholera existed on board of that vessel two weeks before her arrival in port. Ten of her passengers had died during that time, and 7 cases were sent to the hospital on her arrival. The day following, all her passengers were landed. In three days, 128 cases and 32 deaths occurred among 250 passengers, while the crew remained perfectly healthy, and no new cases could be traced to the vessel.

The passengers of the "*Atalanta*" received pratique ten days after the occurrence of the last case, and the vessel, a few days afterwards, was thoroughly cleansed and repeatedly fumigated.

As facts are the only true basis of inference, I have limited my observations to simple recital of facts. Facts alone can guide us in a practical rational quarantine, and however much even medical men may differ as to the mode of its administration, all, I think, must agree upon the necessity of quarantine, both of sick and exposed.

FRACTURE OF THE FEMUR; REFRAC- TURE, AND RECOVERY.

By ALBERT G. WALTER, SURGEON,

Of Pittsburgh, Pa.

The narration of the following case will be of more than ordinary interest, as it reveals in a very striking degree the bountiful and ample resource of nature, by uniting a fractured limb even under the most unfavorable circumstances, unaided, nay, maltreated by lack of common sense and bad surgery. That any man, assuming the name and responsibility of a surgeon, yet ignorant of the common rules of practice, should be so reckless as to expose himself to reproach and ridicule for crippling a fellow-being, is strange, yet instances of such quackery are not rare, prostituting surgery and outraging humanity. The grave, covering the errors, omissions, and misdeeds of many so-called physicians, may be silent, yet a surgical case, if badly treated, remains a living memento to the ignorance and stupidity of the pretending surgeon.

MARIA FRANCISCA HILDENBRAND, aged 84 years, of Allegheny City, Pa., of dark complexion and good constitution, had enjoyed uninterrupted good health. Three months ago, while sitting

upon the sill of an open window in the third story of the school-room, was pushed by a school-mate out of the window, and precipitated upon the brick pavement below. The right thigh bone was thus fractured at the junction of the upper with the middle third, with contusion, but without breach of surface. On the road to her father's house, to which she was carried, she was met by a physician, who followed and volunteered his services to her parents, stating that it was a simple fracture, which would unite without much trouble. A common lath, about three feet long, such as is used by plasterers, was then speedily procured, and a foot-board, one foot square, pierced with several holes. The former was laid along the outside of the *uninjured* limb, having previously been nailed to the foot-board, which was placed against the soles of both feet. A few turns of a bandage, encircled the ankles and passed through the holes of the board, while the lath was fastened to the thigh and leg. Three common shingles completed the dressing, one being placed upon the front of the thigh, the second along its inner, and the last upon its posterior face. A few turns of a roller confined all the splints.

Thus dressed, without previous extension of the limb and coaptation of the broken fragments, no extension and counter-extension being kept up, the patient was left to the task of nature's resources, while the doctor, proud of his achievements, was over-sanguine in his expressions of a speedy and perfect cure. The agonies of the little sufferer, however, may well be conceived. As the powerful muscles of the thigh, restless under the continued irritation of the broken fragments, were in constant action, disturbing her sleep by startings, and making the movements of the body for the common purposes of cleanliness exceedingly painful to her, and very distressing to her parents. Four weeks of misery thus having been passed, the thigh, too, being ulcerated from the pressure of the shingles, nature, though unaided by the available means of common surgery, had accomplished her work in spite of the doctor, for the fragments had united in a vicious direction, it was true; but with the union of the bone some comfort to the patient, and freedom from pain was again restored.

Before this time had expired and while the dressings were occasionally renewed, the parents—simple-minded, yet watchful—had repeatedly expressed their apprehensions to the doctor on account of a very prominent swelling in front of the thigh, which was too palpable not to be noticed. Their fears, however, and doubts were

promptly quieted by the doctor, who upbraided them for their ignorance, in not knowing that in nature's workshop a bony ring is thrown around the broken fragments in the same manner as a blacksmith puts an iron ring over two pieces of iron intended to be welded; the bump at the seat of fracture truly representing nature's bony ring for consolidating the fractured extremities. At the expiration of two weeks more, all splints were removed, the patient being kept in bed for two weeks longer, when she was allowed to walk on crutches, the case now being considered well and beautifully perfect. The doctor having finished his task, a bill of service amounting to sixty-five dollars, was at once presented; a reduction, which the parents asked, on account of the too apparent deformity of the limb, was promptly overruled; fifty dollars were received, the balance still to be collected, and the case dismissed by the doctor, with the full assurance that all was right, and that the unsightly lump would certainly disappear. For four weeks crutches were used, after which time the patient began to walk on her limb, though limping badly, with the bump on the thigh remaining as prominent as ever.

Distressed at the helpless and crippled condition of the poor child, three months after the receipt of the injury, the parents brought her to our office, when the following condition of the case presented itself. The right femur is shortened more than two inches, with knee and foot everted. Great deformity at the seat of fracture, in consequence of the upper fragment being tilted forward and upward by the action of the psoas and iliacus internus muscles, and everted, drawn outward, and semi-rotated by the action of the external rotators and gluteal muscles. Shortening of the limb being due to retraction of the lower fragment behind the upper one by action of the rectus muscles in front, and the biceps, semi-membranosus and semi-tendinosus behind, while the pectineus and adductor muscles gave it some inward direction. This deviation of the natural line of the thigh-bone and overlapping of its fragments was accompanied with a great curvature of the bone, and a very marked prominence at the upper and outer face of the thigh, caused by the pointed upper fragment and an adventitious bursa, of the size of a hen's egg—with thick walls, filled with serum, decidedly fluctuating, and giving a grating or cracking sensation by pressure—which was thrown out there by nature, in order to protect the muscles from the irritation of the sharp upper fractured extremity. The crease of the buttock is lowered

into a cleft situated in the posterior face of the limb, at the seat of fracture. The pelvis was found twisted toward the affected side and considerably lowered, while the right shoulder was drooping. In walking, the inner edge of the forepart of the foot touches the ground, the foot being everted as in talipes valgus. The thigh bone is firmly united.

Considering the great deformity of the limb and its shortening, the recent date of the injury and the youth and healthfulness of the patient, it was decided with the consent of the parents, to refracture the limb and to place it in proper position for re-union. Sulphuric ether and chloroform being administered, protracted and vigorous efforts were made by manual power to sever the fragments, which, however, were fruitless. The patient was then put to bed, cold-water dressings being applied to the limb. Not much reaction beyond mere sugillation followed. The patient got up next day, complaining only of soreness. Eight days after, on October 16, 1865, more effectual means for refracturing the limb were resorted to. Kindly and ably assisted by Drs. S. BARBOUR and W. W. MYERS, the patient being fully under the influence of chloroform, which was administered by dropping it, drop by drop, upon a muslin cloth laid over the face, an incision, four inches long, was made along the outer face of the femur, over the seat of fracture, down to the bone. The thickened yet loosely adherent periosteum was detached all around from the fractured extremities with a bone chisel, a considerable quantity of bloody serum escaping at the same time from the divided bursa. The periosteum being held reflected toward the inner side of limb, the sharp-pointed upper fragment, projecting three-fourths of an inch, was removed by bone-nippers. Between it and the lower fragment was found a mass of new bone, wedge-shaped, one inch thick, uniting the upper oblique fragment to the lower one so firmly that repeated blows of a hammer upon a sharp chisel were required to detach it, the new bony substance being of unusual compactness—hard as ivory. Such being the condition of union of the fragments, the failure of breaking the limb by manual power was readily accounted for. The pressure of the adventitious bursa over the pointed fragment, irritating the muscles, was due to a wise provision of nature to shield them from injury, and make the abnormal state of the bone bearable to the system. The redundant callus having been removed, the limb was easily broken by pressing upon the lower fragment. Gradual extension was then made, while the broken frag-

ments were replaced in their natural position, fitting as accurately as if newly fractured, the limb thus being restored to its natural shape and normal length. There was moderate bleeding during the operation, of a capillary character, no vessel requiring ligation. A tent of oiled lint was laid between the lips of the wound in its centre, a couple of iron wire sutures closing, and oiled lint protecting the same. The whole limb was now laid upon a long volar sheet-iron splint, well padded and protected with oiled silk at its femoral portion, reaching from the crease of the buttock to above the heel. Extension was kept up from above the knee and ankles by bandages and straps, fastened to a sheet-iron foot-board—a part of the long sheet-iron outer splint, which we are in the habit of using for fractures of the lower extremity. This long splint, answering the purpose of extension and reaching from the crest of the os ilii down to below the heel, was laid along the outside of the limb. Counter-extension, in the line of the os femoris, was made by a perineal band attached to a moveable bar in connection with the upper part of the long splint. A padded sheet-iron splint, somewhat hollowed, was laid along the inner face of the thigh from the groin to the middle of the leg, and a similar one in front of the limb, from the upper part of the femur to the knee. Layers of compresses were interposed between the long outer splint and the femur in such a manner that that portion of the thigh embraced by the wound was left free from pressure and open for re-dressing. Several pieces of tape were passed round the splints for their retention. Thus secured, the broken fragments were kept perfectly immovable, with the limb at full extension. The motions of the patient's body were free from pain and easily accomplished.

[To be continued.]

SURGICAL CONTRIBUTION.

By W. S. KING, M. D.,

Brevet Col., Surgeon U. S. A.

I send you the following, from notes taken by one of the Surgeons of St. Joseph's Hospital, Philadelphia in 1862, at my request.

History. W. A. Davis, private Co. A., 84th Reg. Penn. Vols., age 23, enlisted in Bedford Co., Penn. Aug. 1861, and sent to Hancock, Md. From time of enlistment to period of active service invalidated three days with rheumatism at Regimental Hospital at Hancock. Received three wounds at the battle of Winchester, Va., March 23, 1862.

Character of Wounds. 1st Wound. ball struck outside of external condyle of right humerus, and

glanced from the bone without injury to the muscles, leaving a mere abrasion of the skin. The arm was disabled from the inflammation; patient unable to use it several weeks.

2d. Wound. Ball (rifle) entered outer side of middle third of thigh, and passing inward glanced from the bone upward, making its exit one and a half inches to the inner side.

3d. Wound. Mississippi rifle ball struck centre of patella, right leg, passed directly through it and through the joint, making its exit a little to the inner side of centre of popliteal space, not more than three-quarters of an inch from vessel. Remained on the field of battle unattended from dusk until eleven P. M., when he was removed to the General Hospital at Winchester, Va., a distance of three miles.

It was several days before his wounds were examined and dressed by the surgeon. Opening of wound large, admitting finger. Surgeon passed a stream of water through the wound of joint. Considerable constitutional disturbance and severe pain from wound of knee. Not so much pain in other wounds.

Treatment. Cold water dressings; milk diet; morphia at bed time. April 1, 1862, was told *amputation would be performed in upper part of thigh next day.*

April 2, 1862. Taken by rail to Philadelphia and admitted to St. Joseph's Hospital. Suffered severely from travelling. Suppuration had set in from both wounds of lower extremity; especially abundant from that of thigh. Wound of knee; serum discharging from point of entrance; point of exit giving out healthy pus.

Water dressings continued. Wound of joint healed before that of thigh.

July 14th. Patient able to walk with the use of crutch; has slight motion of joint and ligamentous union of patella. This case shows that wounds of the knee-joint sometimes heal readily and kindly.

Double Vagina.

A strong healthy girl, says the *Wien Med. Wochens.*, aged 18, was admitted into the hospital at Miskolez with gonorrhoea. On examination, Dr. PEPPER found that there were two vaginal openings, separated by a septum five or six lines in thickness. The opening on the left side was patent, but that on the right was a mere slit. Both canals, however, yielded a discharge. The septum extended as far as the uterus, and probably through it, producing a double uterus. There was no communication between the two sides of the vagina. The clitoris and urethra were normal.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
October, 1865.

SURGICAL CLINIC OF W. H. PANCOAST, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Anchylosis of Elbow-joint.

Mary F—, æt. 30. Has had synovitis of the elbow, which has been followed by anchylosis. The arm is nearly extended. She was etherized, the adhesions broken up, and the arm put in a splint strongly flexed. In breaking up these anchyloses, it is a good plan to extend the joint first, and then flex it. She entirely recovered the use of the limb.

Paraphymosis.

Henry W—, æt. 25. Great œdema of the prepuce, especially about the frenum. A large chancre on the corona glandis. This must be cauterized before I interfere to relieve the paraphymosis; and for this I use the chloride of zinc, which I hold to be the best agent for this purpose. After cauterization, numerous punctures were made in the œdematous part through which the serum ran out, when the prepuce was returned to its natural position.

Fibrous Degeneration of the Testicle.

Thomas D—, æt. 50. Says he had gonorrhoea one year ago, and that his testicle swelled one week after. This resisted treatment and went on to an abscess which was opened in March last. It has been discharging more or less ever since. There are now two sinuses going into the testicle through which the pus issues. The organ is painful to the touch, enlarged and very hard, being more like bone than testicle. Its function is destroyed, it having undergone fibrous degeneration.

Treatment. I will enlarge the openings of the sinuses, pack them with lint, smeared with ung. zinci ox., and cover the whole with a poultice to develop the granulations in their bottoms. To reduce the size of the testicle, rub on it once or twice a day the following ointment.

R. Hydrag. deutox., gr. ij.
Adipis, ʒss. M.

When the skin becomes irritated, desist for a little while and then resume again. The testicle will very likely have to be removed before the patient can be cured. This treatment has been continued for six weeks. The man is improved, and the testicle smaller.

General Tuberculosis.

William T—, colored, æt. 45, born in Delaware. Temperate and married. He came into the house eight months ago, and has been a little more than one month under my observation. About four years ago he had a discharge from his urethra, which he denies having been gonorrhoea. This soon yielded to treatment. About a year subsequently he ruptured himself. Shortly after this he began to complain of pains in the region of his bladder, shooting down to the head

of his penis. In February last he first noticed a change in the color of his urine. In May following, his right testicle swelled and became very large. This soon subsided to about three times the natural size, and has remained so ever since. His suffering now became intense. Upon examination his prostate gland was found to be much enlarged. The passage of the feces over it gave him pain. The principal suffering is now at the head of his penis. The introduction of the catheter causes a good deal of pain, and is attended with very marked spasmodic contraction of the bladder. He is losing flesh rapidly, sleeps poorly, and has no appetite. Tongue is clean. Pulse weak.

Examination of the urine. Specific gravity 1.015. Neutral in reaction. It contains a large amount of pus and mucus, with a good many blood corpuscles. There is some albumen in it also, but not more than can be accounted for by the large amount of mucus.

Treatment. He has already gone through almost the whole category of remedies, with no improvement in his condition. His bladder now needs an alterative astringent. This must be very mild, and used very cautiously at first. We will begin by using an injection of four ounces of water, to which are added grs. xij. of a solution of nitrate of silver, grs. xx. to f. 3j. I will have three wet cups applied to the hypogastric region. Internally, will give a lemonade tea made up with gum acacia, in a pint of which we will put f. 3j. of sweet spirits of nitre. Will keep his bowels soluble by gentle laxatives, and at the same time give laudanum injections (per rectum) at night, to insure sleep. In addition, will pursue a general tonic course, with a moderate amount of stimulants. This treatment was kept up, the injections into the bladder being used every second day with a decided amelioration of the symptoms. This, however, did not last long, a pulmonary trouble of an obscure character supervening. There was slight dullness on percussion with exaggerated respiration over the whole of both lungs. These signs, taken in connection with the edema of the lower extremities, which now speedily came on, led us to suspect a sudden tubercular deposit. The man now sank very rapidly, and died at 1 A. M., Nov. 8th, 1865.

Post-mortem. Heart normal. Lungs infiltrated throughout their whole extent with tubercular masses, varying in size from a millet to a hemp seed. These bodies were quite hard, semi-transparent and round. All portions of both lungs were hyperæmic, being almost in the condition of red hepatisation.

Alimentary Canal. The stomach was normal. The intestines were filled with gas. Their coats were contracted in some places, and possibly a little thickened.

Spleen. Was considerably enlarged and filled with a tubercular deposit. The proper structure of the organ had the appearance of dark colored currant jelly, and the masses of abnormal deposit, thickly besetting it, looked like, and were about the size of the ordinary white raspberry.

Liver. Had a good many yellow tubercles through it, and some of them quite large, but like those in the spleen, none of them had begun to break down. There were no signs of fatty degeneration.

Kidneys. The right was somewhat enlarged, and contained a few tubercles. The left was two and a half or three times the natural size. It was almost a mass of tubercle. This had undergone softening in the centre, a large cavity, one and a half to three inches in diameter, running almost the whole length of the organ. Its walls presented an irregular gnawed appearance, and had no lining membrane, save the broken down tuberculous pus. There were bridges or partitions crossing it, and several small cavities with which it communicated. The whole opened into the pelvis of the kidney. On the external convex border was a large piece of the cortical portion of the organ, with the peritoneum covering it, which was gangrenous, being very soft, dark colored, with a fetid odor, and having very nearly the appearance of grumous blood.

Bladder. The coats were thickened, and somewhat softer than natural. It contained quite a number of tubercles. These were in various stages. Some were still intact, others had broken down. Around the former, the tissues were in a state of chronic reaction and indurated. Some had already gone through their series of changes, resulting in ulcers with thickened edges, circular outline, and perforating the mucous membrane.

Prostate Gland. Much enlarged, and contained large masses of tubercular matter, yellow, and of the consistence of cheese. In no place had it begun to soften.

Testicles. The right, as stated in the ante-mortem examination, was about three times the natural size, and contained large tubercles, some of which had begun to break down. Others were still unchanged. The left was healthy.

Mesenteric glands were slightly enlarged.

The deposit in each of these organs was carefully examined by the microscope, and presented the usual appearance of such matter.

This case is one of extreme interest, both from the general tuberculosis and the appearance of the morbid material in organs not usually invaded by it. The kidneys may be attacked by deposition of this character in two ways. The first is the result of a very high degree of tubercular dyscrasia. In this case the organ on both sides is alike affected, the deposit is not great, occurs chiefly in the form of miliary tubercles, and is associated with, and is secondary to, tuberculosis in most of the parenchymatous organs, and the mucous and serous membranes.

In the second case, the renal tubercle occurs as the primary disease, and ROKITANSKY says, "Is limited to the male urinary and sexual organs." In this case it generally attacks the prostate gland or testicle, and from thence extends throughout the whole genito-urinary tract. In this form the disease principally invades one kidney. It has been asserted by some that this class of renal tubercle is a sequela of gonorrhœa.

This, however, is not proved. The microscope shows no difference in the two.

The question now arises, to which of these classes does this case belong? We are inclined to say, to the latter. The history decidedly leads to this conclusion. The man first had the symptoms of prostatitis. Then his testicle became inflamed and swollen. Finally, he had all the phenomena of chronic cystitis. Although the lesion in the kidney was so great, there was little, till comparatively late in the disease, to direct attention to those organs. Still later did pulmonary symptoms supervene. Then the post-mortem only revealed miliary tubercles in the lungs, while if they had been first attacked there would have been the lesions of advanced phthisis. Again, the kidney of one side was the principal seat of the disease. Lastly, there were no tubercles upon any of the serous membranes, nor upon any of the mucous membranes, except that lining the bladder, which would likely not have been the case in such extensive disease, if the deposit had been first pulmonary.

UNIVERSITY MEDICAL COLLEGE, }
New York, Dec. 11th, 1865. }

OBSTETRICAL CLINIC OF PROF. CHAS. A. BUDD.

Reported by S. Hendrickson.

Vaginal Cystocele.

Mary B. *æt.* 30 years, married three years, has one child, which is eight months old. She has been complaining since the birth of her child. She had an easy labor, of five hours duration, and got up for a short time on the second day after her confinement. Patient says that something comes out of the vagina. She experiences no difficulty in urinating.

On examination nothing was seen protruding from the vulva, but the os uteri was found one inch from its entrance. After causing the patient to bear down, further examination was made, and the existence of a cystocele discovered, which was verified by passing a sound down into this portion of prolapsed bladder. After exhibiting the case to the class, the Professor introduced a globular glass pessary, remarking, however, that this plan of treatment is only palliative; that the radical cure of such cases consists in reducing the calibre of the relaxed vagina, by removing a circular strip of mucous membrane around the base of the tumor, and then bringing the raw surfaces accurately in contact by means of silver wire sutures.

Retroversion of the Uterus with Congestion of the Cervix.

Ellen O., *æt.* 26 years, married, has one child, which is four years old; has not enjoyed good health since the birth of her child. Says that she had an easy labor. She complains of pain in the back, which is worse at night on going to bed, and on getting up in the morning. It generally wears away during the early part of the day. This pain is not increased by lifting, or by going up stairs. She is also much better during the time of menstruation. She has leucorrhœa sometimes. Her menses appear regularly every four

weeks, but are irregular as to the time of their duration, lasting sometimes one, and sometimes three or four days. Appetite good, bowels rather costive.

Digital examination shows that the uterus is retroverted; it lies packed down behind the promontory of the sacrum. The sound passes without difficulty, and I can lift the uterus into its normal position; but it will remain there only temporarily. It will again topple backward to the position in which we found it.

Examination by speculum.—You will notice that the neck of the uterus is very much congested. It is puffy and swollen, and gives every evidence of congestion. Probably a portion of this congestion is due to the fact that the woman has just passed the menstrual period. But from the testimony of the patient herself, that she is much relieved during the period of menstruation, the inference is that her uterus is the seat of a congestion, which is relieved every month by a natural system of depletion. You can also understand the reason why this patient experiences more pain at night than during the day, for the dorsal decubitus then tends to increase the retroversion. Proceeding on the principle of position in favoring a return of the uterus to its normal position, some are in the habit, after having replaced the uterus, of insisting that the woman shall maintain a prone position in bed for a few hours.

Treatment.—We will imitate nature in depleting the uterus, by taking about half an ounce of blood from the cervix by scarification, and for the present leave the retroversion to take care of itself. Very frequently on relieving the uterus of its congestion, the retroversion gradually grows less and less, until the uterus again resumes its normal position. Should it not do so in this case, after the congestion is removed we will apply some mechanical support.

Procidencia Uteri.

Mrs. B., *æt.* 38 years, the mother of one child, which is ten years old. This patient first presented herself to the clinic on Nov. 20th. She has been in bad health since the birth of her child. She was at a Dispensary during the period of her confinement, and walked home on the ninth day after her delivery. She now complains of something coming down, and of pain in her right side. On examination the uterus was found to be completely procident, and ulceration on the right side of the os. The sound was introduced, and passed 5½ inches to the fundus.

This woman's uterus, gentlemen, is in a state of sub-involution. Among the causes of sub-involution may be mentioned, getting up too soon after delivery, and repeated miscarriages. In the latter case, the uterus has not time to return to its normal condition before pregnancy again supervenes. What is the treatment of sub-involution? It is, although it may seem at first paradoxical, very much the same as for superinvolution, or atrophy of the womb. In the latter condition, that of superinvolution, we assist nature in enlarging the cavity of the uterus, by the introduction of the sound, sponge-tents, etc. So in a case of sub-involution, by the introduction of a sponge-tent high up, and the occasional passage

of the tr. iodine to the fundus, we stimulate the absorbents of the uterus, and enable the organ to contract to its normal size. But there is no use in a case like this to treat the subinvolution until the uterus is replaced.

Treatment.—The uterus was replaced, and a globular glass pessary was introduced to retain it in position. This method is palliative, not curative, but it is certainly a great relief to the patient to have the uterus retained, instead of suffering the annoyance and inconvenience of having it constantly protruding into the external world. Besides, this woman is poor, and unable to spare the time which is necessary for a radical cure.

Nov. 27th, pessary replaced. Dec. 4th, pessary retains uterus in position, patient has much less pain in the side. Sound introduced—passed $4\frac{1}{2}$ inches.

Dec. 11th, pessary of rather larger size introduced.

Medical Societies.

PATHOLOGICAL SOCIETY OF NEW YORK.

Meeting, December 27th, 1865.

(*Drs. JACOBI and SAYRE in the Chair.*)

Fibrous Recurrent Growth; Diphtheritic Deposit; Erratic Course of Bullet; Foreign Bodies in the Oesophagus; Dermoid Cyst, Pelvic Abscess, Discharge of Hair; Gun-shot Wound of Brain; Atelectasis Pulmonum; Aneurism of Cerebral Artery.

Fibrous Recurrent Growth.

Dr. SANDS presented a specimen obtained from an old lady, 64 years of age, mother of six children, married at 26, who had recently died of old age. Some time before her death a small pustule made its appearance on her left forearm, from which a tumor was developed, of very rapid growth, spheroidal in shape, which, on removal, was determined by microscopical examination to belong to the class of fibrous recurrent growths, devoid of any of the elements of cancer.

Diphtheritic Deposit.

Dr. SANDS also presented a specimen of diphtheritic membrane, sent to him from Nova Scotia by a medical gentleman. The deposit was coughed up from the right tonsil and fauces, after the patient, a young man, had been subject to severe dyspnoea. He was seen by the attending physician some two hours after its ejection. The parts from which the membrane had been detached were found to present a raw and bleeding surface. Diphtheritic patches were noticed on the left tonsil and neighboring parts, but not so extensive and thick as the membrane thrown up. Patient recovered under sustaining treatment, and gargles of the *tinctura ferri chlor.*

Dr. JACOBI considered the dyspnoea from which the patient was suffering as due not to direct

diphtheritic deposit in the air passages, but to the oedema which generally accompanies these deposits.

Erratic Course of a Bullet.

Dr. SANDS next showed a bullet, which had been removed from a soldier, who had been wounded in June, 1862, by a bullet in the region of the upper right eye-lid. The wound was perfectly healed, when some time ago he presented himself at the eye dispensary for some slight trouble experienced in the organ. He had been examined by surgeons in the army, but no bullet had been detected. On close examination, a swelling was discovered behind the ear near the insertion of the sterno-cleido-mastoid, which, presenting the features of a hard foreign substance, was cut down upon, and proved to be an ordinary conical rifle projectile. It was imbedded below the above-named muscle, in the fibres of the splenius capitis. The case was remarkable, as it showed how extensively these projectiles may travel through, or in the neighborhood of important parts, without inflicting serious injury, or giving rise to much trouble.

Foreign Bodies in the Oesophagus.

Dr. SANDS also presented a fish-hook and two chicken-bones, which had been removed at different times from the oesophagi of different persons where they had lodged. Their removal was effected with an instrument now generally used for that purpose—a large probang, armed at the end with a metallic sort of a hook. He had experienced considerable difficulty in removing these bodies, on account of a good deal of force which had to be used in withdrawing the instrument. In the last case, the foreign body was of unusual size—a flat chicken-bone, one inch and a half in length, and one inch in width. In all these cases the presence of these bodies was accompanied by great difficulty of deglutition, and more or less dyspnoea, so severe in one case as to threaten suffocation.

Prof. F. H. HAMILTON stated that in his experience the removal of foreign substances from the oesophagus by means of these instruments was accompanied with great danger. In experiments which he had made on the dead subject, he had found that the instrument, on withdrawal, became almost invariably caught by the arytenoid cartilages, and could not be disengaged except by mere force. In one case that came under his observation, death resulted in consequence of the injuries inflicted by the forcible withdrawal of the instrument.

Dr. SAYRE mentioned the case of a person who had swallowed a piece of oyster-shell, lodging in the oesophagus, and which was removed by an instrument recently introduced for the purpose of removing foreign bodies. It consists of a probang, with a mechanism so arranged that, after the introduction of the instrument below the place of lodgment of the foreign body, a circular brush is made to spread out, filling the tube, and on withdrawing the instrument, of course, the foreign body is swept out.

Dermary Cyst—Pelvic Abscess—Discharge of Hair.

Dr. KRAKOWITZER presented a very curious specimen, which he had obtained, by chance, from an abscess situated near the rectum. A girl, 12½ years old, of healthy family, had had typhoid fever last summer. During the first week of November last, she had the first signs of menstrual flow, lasting for about two days. About the end of November, she commenced to complain of pain in the limbs, especially the left, became feverish, suffered from pain in the abdomen, and her bowels were regulated with difficulty.

Three days before Dr. KRAKOWITZER saw her, she had been unable to pass water, and when he was called, he found her with an immense dilation of the bladder, which extended up to near the umbilicus. A catheter was introduced, and not a drop less than *three quarts* of urine evacuated. The labia and vulva were tumified, and discharged a good deal of milky mucus. The opening of the hymen was found large enough to admit a finger, and on examination the whole of the pelvic cavity was found filled by a soft fluctuating substance, which gave at first the impression that it was an hæmatocele. But, on further examination, it was discovered that the rectum was in front of, and not behind the swelling. An extensive pelvic abscess was diagnosed, and an incision made between the anus and coccyx gave vent to a considerable quantity of purulent matter. The finger was introduced into the wound, and the parts behind the rectum appeared to have been dissected off by the suppurative process. During the progress of this examination the finger met a substance imbedded in the abscess, which, on being withdrawn, was found to be a *bundle of hair*, or rather *two whirls of hair*, connected together by shreds, here presented. There were discharged, also, shreds of a cheesy-like matter, consisting of granular matter, crystals of cholesterine, etc. The cause of the formation of this abscess, in his opinion, was undoubtedly the presence of a *dermary cyst*, which had become inflamed, and caused suppurative inflammation. The child is doing well, with the exception that some paralysis of the bladder is left; the wound is still discharging healthy matter, but so far no other evidences of dermary cyst have been passed, such as teeth or bones.

The question as to the original seat of the cyst in this case is an interesting one. If in the ovary, it is difficult to comprehend how it should eventually get behind the peritoneum, and immediately in front of the sacrum. The origin of these cysts is considered as always taking place during fetal life, by invaginations of skin, which, as development of the fetus progresses, become entirely detached from the original structure and embedded in one of the internal organs. CRUVEILLHIER describes two or three cases, and VIRCHOW observed two dermary cysts in the brain of a new-born infant, where he could still find the traces of a canal leading from the cyst to the scalp.

Dr. JACOB noticed that he had seen bone

and teeth in the testicle; the pelvis, as a general rule, was the seat of pre-election of these cysts.

Gun-shot Wound of Brain.

Dr. RICHARDSON presented a specimen of gun-shot wound of the brain. The patient was a child eight years of age, who was accidentally wounded, a buck shot passing through the skull in the neighborhood of the left ear. The child had no treatment but rest, and recovered completely. Some time afterward it was attacked with, and died, of scarlet fever, when, on post-mortem examination, the buck-shot was found to have traversed the whole brain to the other side, through the lateral ventricles, and probably rebounding from the opposite walls of the skull, had become lodged in the brain, near its surface.

Atelectasis Pulmonum.

Dr. SMITH presented the lungs and heart of a new born infant. Confinement had been easy, and the child born in the natural position. The child had commenced to cry after birth, but soon respiration began to be embarrassed, the surface became livid, and later cyanotic, body cool, and death ensued. The foramen ovale was found open, and there appeared to be a deficiency in the inter-suticular septum. The question arose whether the *atelectasis* is sufficient to produce the difficulty of circulation.

Dr. JACOB noticed in this specimen that the *thymus* gland was very large, thick, and heavy, and he had very little doubt that the pressure of the thymus gland upon the lungs was the immediate cause of the *atelectasis*, and the subsequent difficulty of circulation.

Dr. SAYRE alluded to *eight or ten* cases of *atelectasis* collected and recorded by Dr. ROBERTS, in all which the *thymus* gland was found unusually large, and seemed to have led to the *atelectatic* state of the lungs.

Aneurism of Cerebral Artery.

Dr. DRAPER related the case of a patient in one of the hospitals, who had died suddenly, under all the symptoms of cerebral apoplexy. On autopsy sanguineous exudations and blood-clots were found, proceeding from an aneurism of one of the cerebral arteries, which had burst.

EDITORIAL DEPARTMENT.

Periscope.

Sanguineous Discharge from Vagina of an Infant.

Dr. BIRCHENHULL relates a case of quasi early menstruation in the *British Med. Journal*. On the morning of the fifth day after birth, a female infant, largely developed, was subject to a florid, muco-sanguineous discharge, accompanied by injection of the labia. On the third day, the vaginal discharge assumed a somewhat brownish color; but on the fourth, it became florid, as at

first, and terminated on the fifth with a dark clot, such as not unfrequently occurs at the close of the usual menstrual period.

There was no recurrence of this particular phenomenon, but, at the end of the month precisely, from the period first indicated, there was a transudation of sero-sanguineous fluid, from the mucous surface of the bowels, which continued for a day or two only, and without any deviation from the natural state of the alvine evacuations.

Softening of the Stomach in Children.

In an article on this disease, published in the *Australasian (Melbourne) Med. and Surg. Review*, the following table of 112 cases is given, showing the relative liability of the different ages:

Ten were under 3 months, the two youngest being 10 and 15 days old; four others were 5, 6, 8, and 9 weeks; the remaining four being between 10 and 12 weeks.

20 were between 3 and 6 months.

10 " " 6 " 9 "

14 " " 9 " 12 "

20 " " 12 " 15 "

12 " " 15 " 18 "

6 " " 18 " 21 "

2 " " 21 " 24 "

10 " " 2 " 3 years.

8 were beyond 3 years, but not more than 4½ years. Sexes nearly equally liable.

— **PROPHYLAXIS OF ASIATIC CHOLERA.**—Dr. HENRY MAC CORMAC, of Belfast, in the *Dublin Med. Press*, strongly recommends the use of aromatic or dilute sulphuric acid as a prophylactic in cholera, which in his copious experience has proved very efficient.

Reviews and Book Notices.

NOTES ON BOOKS.

Radcliffe on Epilepsy, Pain, Paralysis, etc.*

This is a remarkable book. It is almost entirely original in its idea, and very clear and forcible in its expression.

There are two ideas in the work, indeed. One is theoretical, the other practical. Copying the author's brevity, we may say that we consider the theory unsustained, at least *unproven*, but the practical precept essentially sound. The theory is, that all nervous and muscular action is to be explained by reference to the natural electricity of the body; nervous action being the result of a state of reversal in the electrical relations of the exterior and interior of the nerve-fibres, giving rise to a discharge of electricity "analogous to that of the torpedo;" and muscular action attend-

ing a like reversal of the ordinary relations of the longitudinal and transverse surfaces of muscular fibres, causing abstraction of the electricity which kept the muscle dilated: all contraction of muscles therefore depending upon *absence* or *diminution* of "natural electricity."

The errors we perceive in his reasoning (which we have very carefully studied throughout) are chiefly—the confounding of *rigor mortis*, and of *convulsive* or *spasmodic* action of muscles, with ordinary, *normal* muscular contraction; the almost total ignoring of GROVE'S now indispensable theory (just mentioned by the author) of the mutual convertibility of all the physical forces, or modes of force, so that he unscientifically confuses terms of force and of quantity; and that he claims too peremptorily to have simplified the theory of nervous and muscular action under a physical law, while he leaves yet unexplained the *reason* or *cause* in any case of the "reversal" alluded to above, and only puts instead of the ordinary theory a double hypothesis, assuming two sets of contradictory properties in the different molecules of muscle and nerve; namely, their "natural" attraction for each other, which draws them together, and their "natural" electricity, which keeps them apart. We do not say that this can be disproved; but, that Dr. RADCLIFFE has not proved it.

The practical teaching of this volume is to the effect that epilepsy and other morbid affections of innervation and motor action, belonging to a debilitated condition, should be treated not by depressing measures, but by *support*. We believe in this, whatever the theory of normal muscular motion may be, spasm and convulsion are, at all events, phenomena of disorder connected, as a rule, with general or local weakness; usually both. The reform which Dr. RADCLIFFE contributes to by this book is part of a broader reform in the general principles of therapeutics, going on not without agitation, but with a period of transition, in the medical world. It is getting to be understood that debility is *pars magna* of every and all disease; many are now so much occupied with this, that they forget everything else. But it is quite time for discrimination to be clearly and always made, as to the real purpose in view of the treatment of active or violent symptoms—as to what is, and what is not to be aimed at: that strength and excitement, normal vital energy and abnormal functional movement, be not confounded. Often we are called upon to reduce *excitement*; never to lower strength. Never, we repeat, has the physician reason or right, as a purpose, to diminish the vital strength of his patient in treatment of any disease. With Dr. MARKHAM, CHAMBERS, and others, we believe that at times a moderate loss of blood (for example) *does* not lessen, but economises strength; and therefore we think it, in its place, useful and allowable.

All this might seem trite and redundant, were it not that most recent practice and controversy in therapeutics omits its recognition. We repeat, however, that Dr. RADCLIFFE'S book is an important as well as interesting one, which has already made its mark upon the medical thought of the day.

* *Lectures on Epilepsy, Pain, Paralysis, and certain other disorders of the Nervous System.* By CHARLES BLAND RADCLIFFE, M.D., Fellow of the Royal College of Physicians of London; Physician to the Westminster Hospital, and to the National Hospital for the Paralyzed and Epileptic, etc., etc. Pp. 280. Price, \$2.25.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 13, 1866.

MISMANAGEMENT OF SANITARY MATTERS IN NEW YORK CITY—THE REMEDY.

"SHALL WE HAVE THE CHOLERA OR SOME OTHER DREADFUL DISEASE IN NEW YORK?—We ask this question seriously, as the accumulated filth in the streets of this city gives us reason to apprehend some fearful disease as soon as the severe cold weather shall begin to pass away."—*N. Y. Herald.*

We are glad to hear that the *Herald* asks this question "*seriously.*" For the city of New York was never in a more dangerous condition regarding the outbreak of epidemics, than it will be at the approach of the warm season, if the most stringent measures are not at once adopted to clean the whole city, and to remedy defective sewerage and drainage. We almost fear that it is already too late. The work of removing the accumulated filth of official neglect for years is herculean, and it will take months and months to put the city in anything like a favorable sanitary state, even if the authorities are *willing.*

There is, however, but *one* really efficient remedy. The city of New York, it seems, cannot take care of herself. The police department was once as badly and blunderingly managed as the health department is at present. The legislature stepped in and provided the city with a good, efficient system of police, which is now appreciated by every citizen. *Let the legislature immediately provide for the passage of a thorough strict health bill,* by which the sanitary interests of New York will be taken out of the hands of corrupt politicians, and placed under the control of independent, good Commissioners, under the guidance of sound medical advisers. No time is to be lost. There is such a bill on the *tapis,* and the representatives of the people at Albany have no business before them so important and demanding so urgent action as this. The whole country is vastly interested in the sanitary condition of its Commercial Metropolis, and it is the duty of the State authorities to act in the matter at once, when the doleful experience of many years has fully demonstrated the utter inadequacy of municipal legislation and administration in this respect.

Since the above was written, we have received the annual message of Governor FENTON, and take encouragement from that part of the document referring to the subject. He says, after speaking of quarantine:

"Intimately connected with the management

of quarantine, though distinct in its character, is the administration of the laws relating to public health in the cities of New York and Brooklyn, and the villages bordering on the bay. It is very generally conceded that the existing laws upon that subject, especially those affecting the city of New York, are radically defective and require essential modification. The sanitary control of the city is now mainly vested in two separate boards, the one being the Board of Health, composed of the Mayor and Common Council, and the other a board composed of the Mayor and Commissioners of Health. The powers of the former are almost unlimited, and it has a duration, when once convened, limited only by the official term of its members. The powers of the latter are restricted and insufficient to remedy the evils which exist. The policy of continuing in being two boards, with separate and unequal authority is at least questionable. It will be for you to determine what reformatory legislation is required. The success of the Metropolitan Police law, and of the law creating the paid Fire Department in New York city, as far as it could be tested with the limited opportunities and experience since the organization of the board under it, furnish a strong argument in favor of some similar provision for protecting the public health of the same populous territory. The subject will, I doubt not, receive from you such attention as its importance demands."

TENEMENT HOUSE MURDER—"SMOKING OUT THE ARABS."

It seems not enough that the owners of tenement houses in New York, in their rapacious business of herding poor people together like beasts, neglect every sanitary and hygienic principle in the construction of these dwellings, and have a slow but perfectly legal way of killing annually thousands of men, women and children by foul, vitiated air, filthy yards, poisonous cesspools, and that they are aided in these humane endeavors to prevent an overgrowth of population, by the miserable, thieving, robbing men, whose theoretical business it is to clean the streets, and to attend to efficient drainage and sewerage, but whose practical business consists in cleaning the people's pockets and draining the public treasury—they have now struck upon a new mode of *ejectment*, which certainly deserves a premium at the devil's exhibition of fine arts.

A family—the McGAGHAY—reside at No. 597 Grand street, New York. They pay their rent. But a Mr. HUNTER, who acts as agent for the landlord, wants the McGAGHAY's to vacate, because a tinman, doing business on the same floor, is anxious to obtain their apartments, and probably has promised more rent. Legally he cannot force them to leave. But the refined business talent of a New York tenement-house agent knows how to overcome the difficulty. Did not

the great French General once *smoke out*, or *smother*, a few thousand Arabs who had fled into a cave? Strategy, sublime strategy, worthy to be imitated by this New York Pelissier!

So he employs a man to cut a hole in the flue on the third floor and insert a flat stone across it, thus destroying the draught from McGAGHAY'S room. He then watches the result of his stratagem, which is found in the following testimony:

FRANCIS GAGHAY, Sen.:—Deceased were my mother and my son; yesterday morning about one o'clock I came here and found my mother awake; there was a small coal fire in the stove; I asked what made the fire burn so much better; she said she did not know, but that it burned better than it had for two weeks; I told her the chimney must draw better; from the first time we have had our stove connected with this flue it has always smoked; on Friday last I tied a brick to a string and lowered it down the flue from the roof, and found the chimney blocked about eight or nine feet from the top. I went to a room on the third floor to ask permission to examine the flue in the room, but a girl refused me admission; my mother was lying on a bed in the room where the stove was; my son was lying in an adjoining room, the door being partly open; soon after I got home my son tried to vomit, I took him out of bed; he seemed to be stupid; he was affected with nausea while I had him on my lap; becoming quiet, I laid him down again in bed, and shortly my sister was affected with the same symptoms. I felt drowsy and laid down with the child, and I knew nothing till nine o'clock last night, when I found myself at No. 313 Monroe street; I have lived at 597 Grand street for nearly eight years, and the brother of the agent drove me from the Monroe street side of the premises to the Grand street side; I have not used the flue in Grand street since last winter; I only used it occasionally, but there was no trouble then, but ever since we put the pipe into the flue this time it has smoked. When I came home on Sunday morning it then drew well; there was no smoke or particular smell in the room that I noticed when I came home Sunday morning.

ANN McGAGHAY testified that she was affected the same as the previous witness, and corroborated his testimony.

JOHN BEACH, M. D., being sworn, says:—I have made a post-mortem examination of the bodies of ROSA McGAGHAY and FRANCIS McGAGHAY, now lying dead at 597 Grand street. The body of Mrs. McGAGHAY externally presented no unusual appearance, but that of the child showed half of the right side of the face to be ecchymosed. Upon the examination of the internal organs of Mrs. McGAGHAY, the lungs were found firmly adhering to the pleura costalis, and the apex of both were tuberculous; they were both congested and of a peculiarly dark hue. The stomach was congested, and kidneys and liver were slightly fatty. The lungs of the child were healthy, as were all the other internal organs, but presenting the same congested appearance as in the case of Mrs. McGAGHAY. The stomachs in both cases

were empty and emitted only the usual odors. In my opinion death was the result of inhalation of poisonous gas.

MARY COSGROVE and others testified as to the condition of the deceased, and the other inmates of the apartments, when they were found; the whole testimony with that of the examining physician, leaving no doubt as to the cause of death and the intention on the part of HUNTER to drive these people out by this means.

The jury rendered a verdict:—That the deceased came to their death by suffocation by inhaling coal gas, through the action of EDWIN B. HUNTER, in having a stone placed in the flue of the chimney leading from the room where deceased resided, at 597 Grand street, on December 31, 1865.

The accused was detained, and will be held for the action of the grand jury.

Notes and Comments.

Weekly Papers.

We have had occasion of late to speak of a new class of literary papers that are springing up in our larger cities, viz., weekly papers of a higher order of literary merit than we have been accustomed to. The *Nation*, published in New York, an original and excellent paper of this class, has been for some time before the public.

This week we have two more, the *Journal of Opinion*, HOWARD HINTON & Co., No. 2 Franklin Square, N. Y., and *Every Saturday*, published by the enterprising firm of TICKNOR & FIELDS in Boston. The former is \$4, and the latter \$5 a year. Neither of these journals are original, but made up of selections from the current literature of the day, the first including both American and Foreign literature, and the last, Foreign literature alone.

This is a very useful class of literary journals, and we doubt not they will attain a large circulation.

TICKNOR & FIELDS deserve encouragement in their literary enterprises, which are all first class. They comprise the *North American Review*, quarterly, the *Atlantic Monthly*, and *Every Saturday*.

Appointments.

At a late meeting of the Board of Guardians, Dr. F. F. MAURY was appointed Surgeon of the Philadelphia Hospital, in place of Prof. Gross, resigned. Dr. MAURY has for some time been Physician to the Obstetric wards of the same hospital. Dr. R. M. GIRVIN has been appointed to the latter position, made vacant by the transfer of Dr. MAURY. Dr. GIRVIN is also Recording Clerk of the Hospital.

Chloroform Accidents.

Dr. CHARLES KIDD, of London, in a letter to the *British Med. Journal*, refers to chloroform accidents, in connection with a case of death from chloroform which recently happened in Australia. He states, that during this year (1865), he has extracted notes from various newspapers and medical journals, of over a dozen deaths by chloroform; "deaths lying *perdu*, as it were, or hidden, but all bearing out the views of 250 others, that he in vain collected and offered the *British Medical* and other weeklies."

A case of death, during the administration of chloroform, recently happened in the city of New York, and although it was ascribed to concomitant heart disease, the further examination of that organ did not reveal an abnormal condition to warrant any but the conclusion that the death was really and directly due to the anæsthetic.

There is no fact more positively established, than that chloroform will sometimes produce death, in spite of all precautionary measures, and in the absence of any organic diseases, which are supposed to contra-indicate its use. If our readers will refer to the remarks of Prof. DALTON, before the New York Academy of Medicine, published in the *REPORTER* over five years ago, the observations of that eminent physiologist will appear conclusive on this point. It would seem that the use of ether or of nitrous oxide is much safer, although more tedious, and attended with more trouble, to the persons administering the anæsthetic. We think, however, that risks of destroying life by chloroform, demand its abandonment except under peculiar and pressing circumstances.

The Cattle Plague and Homœopathy.

Our excellent friends of the *British Medical Journal* are "stirred up" by the *London Times*, whose medical adviser, editor, or what not, advocates homœopathy in the treatment of the cattle plague, and they devote two columns in a late number to the subject.

This seems to us paying too much attention to that class of newspapers to which the *Times* belongs. On this side the Atlantic, we laugh at such things. The *London Times* and the *New York Herald*, although both claim, and probably have, the largest circulation of any daily paper on their respective continents, actually wield less influence on public opinion than any country newspaper of a thousand subscribers. Why? Because everybody knows that they sell themselves to the highest bidder, and that they denounce as a lie to-morrow what they preach as truth to-day. This class of papers have long ceased to be a power in the State.

Correspondence.

DOMESTIC.

Quarantine at Sandy Hook.

Audi alteram partem.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

In your issue of November 25th, speaking of the committee appointed to select a suitable position on Sandy Hook for a quarantine, you also remark: "It strikes us that New Jersey, etc., etc., is quite as much interested in this matter as that city herself."

Being a resident, near to the location spoken of, and being acquainted with the objections of the people of this section respecting the quarantine, I deem it but justice to the members of this community to make an explanation. The citizens of New Jersey, and especially Monmouth co., are equally interested with the citizens of New York, in preventing the advent or spread of cholera, or any other disease, consequently they refuse to receive in their *midst*, pest-houses, which New Yorkers reject from their *borders*. At a period, not beyond the memory of men now living, New York very *modestly* demanded Staten Island for the same purposes, which was granted. When, however, to serve the views of land speculators, the quarantine buildings were burned there, with impunity, the same *modest* demand was made for Sandy Hook. This not being complied with, the General Government has been importuned to grant the privilege of establishing these buildings on the grounds leased them for military and naval purposes. Hence a committee has been appointed to select a suitable site for said buildings. The position considered the most eligible for these purposes is a point near what is known as the Cove on the Neversink river. It is some miles from the fortifications at Sandy Hook point, and just inside the Government line, this being selected with "due reference to the safety of our troops stationed there," but regardless of the safety of the inhabitants, one mile across the river, where, in addition to a large and thriving population, the Neversink Highlands are made a summer resort for several thousands every year. These grounds are contiguous to the terminus and dock of the Sandy Hook and Sea Shore Railroad, which conveys thousands during the summer season to the hotel at Long Branch, only four miles further on. Within an area of a few miles there is a population of twelve or fifteen thousand, many of whom make this railroad their communication with New York, thus running

the same amount of risk that the soldiers would at Sandy Hook, were it near them.

If New York cannot find any other suitable place, the southeast end of Long Island is as eligible as Sandy Hook, and far more remote from population. Thus, although the inhabitants of New Jersey are willing to do all in their power to resist the encroachments of disease, they can not see the force of any reasoning, which would induce them to contract an epidemic for the purpose of saving their neighbors.

T. G. CHATTLE, M. D.

Long Branch, N. J., Dec. 11, 1865.

News and Miscellany.

Comic Medical Examination.

Dr. D. B. WHITE, of Newcastle-on-Tyne, quotes, in an annual address to the Northern Branch Medical Society, from Molière (*malades imaginaires*) the following comic account of a medical examination of his day. The parties speaking are, the President, the examining Doctors, and the Candidate. After the President's address, the examination begins:

Primus Doctor.

Si mihi licentiam dat Dominus Præses
Et tanti docti Doctores,
Et assistantes illustres,
Tres-savanti Bacheliero,
Quem estimo et honoro,
Domandabo causam et rationem, quare
Opium facit dormire?

Bachelierus.

Mihi a docto Doctore
Domandatur causam et rationem, quare
Opium facit dormire?
A quoi respondeo:
Quia est in eo
Virtus dormitiva
Cujus est natura
Sensus assoupire.

Chorus.

Bene, bene, bene, bene respondere;
Dignus, dignus, est entrare
In nostro docto corpore,
Bene bene respondere.

Secundus Doctor.

Cum permissione Domini Præsidis,
Doctissimæ facultatis
Et totius his nostris actis
Companiæ assistantis,
Domandabo tibi, docte Bacheliere,
Quæ sunt remedia,
Quæ in maladia,
Ditte hydropisia
Convenit facere?

Bachelierus.

Clysterium donare,
Posteo seignare
Ensuita purgare.

Chorus.

Bene, bene, bene, bene respondere, etc.

The same answer is always given by the candidate until the

Quintus Doctor.

Mais si maladia
Opiniatria
Non vult se garire
Quid illi facere?

Bachelierus.

Clysterium donare
Postea seignare
Ensuita purgare
Reseignare, repurgare, reolysterare.

Chorus.

Bene, bene, bene, bene respondere, etc.
Permission to practice is given as follows:

Præses.

Ego cum isto boneto
Venerabile et docto
Dono tibi et concedo
Virtutem et puissanciam
Medicandi,
Purgandi,
Seignandi,
Percundi,
Taillandi,
Coupani,
Et occidendi
Impune per totam terram.

Then the concluding chorus of salutation:

Vivat, vivat, vivat, vivat, cent fois vivat,
Novus doctor, qui tam bene parlat,
Mille, mille annis et manget et bibat.
Et seignet et tuat!

The Mortality of Philadelphia.

The deaths in the city reported during 1865 were as follows:

Total number of deaths in 1865..... 17,169
Total number of deaths in 1864..... 17,582

Decrease 413

Of the whole number in 1865, 15,772 were whites, and 1397 colored. Total males, 9273; females, 7896; male adults, 4330; male children, 4943; female adults, 3637; female children, 4239.

The number of deaths occurring during each month of the year 1865 was as follows:

Months.	Males.	Females.	Adults.	Children.	Total.
January.....	739	634	658	715	1373
February.....	870	680	743	807	1550
March.....	999	869	924	944	1868
April.....	775	636	722	699	1411
May.....	681	546	607	560	1227
June.....	939	751	787	962	1690
July.....	969	860	830	1208	1838
August.....	934	825	702	1057	1769
September.....	570	470	484	556	1040
October.....	582	502	534	550	1084
November.....	647	608	676	609	1285
December.....	568	476	519	526	1044
	9273	7896	7987	9182	17,169

The nationality of the deceased during the year was:

United States..... 13,032
Foreign..... 3,036
Unknown..... 1,081

The Rinderpest.

Dr. ANDREW SMART concludes his report on the Rinderpest, (Edinburgh,) as follows:

1. The mucous membranes manifest the diseased condition principally.

2. They do not all exhibit precisely similar morbid states, nor suffer to the same extent.

3. In some of the membranes the pathological condition is constant and characteristic, in others it is variable.

4. Many of the pathological appearances present in the diseased organs are not peculiar to this malady, and are not distinctive. Thus the state of the bowel in the muco-enteritis of cattle closely resembles that presented in this disease.

5. The condition of the bladder and uterus is such as occurs in all congested states of these organs.

6. The heart, liver, kidneys, and spleen may be regarded as functionally healthy. They are in the condition which results from exhausting disease of any kind, while the lining membrane of the air passages exhibits the morbid change which occurs in acute bronchial catarrh.

7. The remarkable rings or patches found on the folds of the third stomach were found present in only a proportion of all the cases examined, and are not consequently distinctive.

8. The condition of the membrane of the fourth stomach is invariable. It likewise manifests the morbid changes in their most advanced and destructive form. It is therefore the most characteristic pathological lesion. The swollen, congested, and aphthous vulva, and aphthous mouth, have also been found invariably present. When these morbid conditions concur with that of the bowel in the same animal, the group is complete and decisive.

9. As regards negative conditions, there is no ulceration, and very rarely any trace of inflammatory products.

10. The reddened color of the membranes is due to congestion in its extreme form, and not to ecchymosis or extravasation.

11. Emphysema of the lung is not, as has been stated, a concomitant of the disease.

12. Present information would appear to indicate that the blood, instead of being "watery and deficient," is in an opposite condition—viz., that the water is deficient, and the fibrine increased.

13. We must not omit to mention an invariable and characteristic feature of the disease—namely, the smell of the diseased parts, and especially of the abdominal viscera. The odor, once experienced, can never afterward be mistaken. It is peculiar and distinctive.

14. As to complication, a proportion of two-thirds of all the animals were affected with pleuro-pneumonia.

THE HASTINGS MEDAL.—The subject of the Prize Essay offered for competition by the Council of the British Medical Association is "On Shock after Surgical Operations and Injuries." The essay not to exceed twenty-four pages of the *British Medical Journal*, and to be sent in before July 1st, 1866.—*Dublin Med. Press.*

Pension Examining Surgeons.

We note the following recent appointments:

Kentucky.—Dr. JOHN SHACKLEFORD, Maysville; Dr. W. ELY, Catlettsburgh; Dr. W. O. PHILLIPS, Poplar Plains.

Curious Effects of Epidemics.

The visit of the cholera to Europe seems to be as fatal to birds and beasts as to man. We hear of wild birds as well as domestic beasts dying in large numbers. In England sheep, cows, and horses are visited as with a plague. In Belgium poultry is attacked the same way. In Paris the dread of the cattle disease is such, according to a correspondent of the *London Times*, that all dogs running at large are to be killed, lest they become agents for the transmission of the contagion. A common impression is that these various forms of disease among the lower animals, also the abundance of insects, are a precursor of the cholera, and originate in a vitiated atmosphere. The frequent shocks of earthquakes denote that the magnetic and electric currents which course through nature are producing great internal disturbances of the globe, and the facts may be related to each other as cause and effect.

Insanity of Jobert de Lamballe.

A correspondent of the *Temps* states that the peculiar character of the insanity of Dr. JOBERT DE LAMBALLE, the eminent surgeon, is an almost total loss of memory. What he says one minute, he has entirely forgotten the next. Several times in the course of the day he will tell his attendants to get his carriage ready, as he has important calls to make. When informed that his carriage is waiting, he will hastily go out, but before he takes ten steps he forgets all about his intended visits, and returns to his room. It is said that Dr. NÉLATON will succeed him as surgeon to the Imperial family.

Microscopical Societies.

A second Society for the cultivation of microscopical science has been formed in London, under the name "*Quekett Microscopical Club*." Its purpose is to afford to microscopists, in and around the metropolis, opportunities for meeting and exchanging ideas without that diffidence and constraint which an amateur naturally feels when discussing scientific subjects in the presence of professional men. It numbers nearly a hundred members. It is in no wise hostile to the Society of London, by which it has been received in perfect good fellowship. Dr. LANKESTER is President.

THE NUMBER OF STUDENTS attending the present course of lectures in the Medical Department of the University of Michigan, is said to be 450. The regular faculty consists of ten professors, and the course of instruction is six months.

QUACK MEDICINES IN ENGLAND.—From returns it appears that the Chancellor of the Exchequer has received the enormous sum of £55,333 for duty on quack medicines.

The Cholera in Spain.

The United States Consul at Port Mahon writes to the State Department that the cholera has nearly disappeared from that province, and says that the mortality in Spain has been far greater than will ever be known.

Vital Statistics of France.

There are in France 18,741,067 women, and 18,645,276 men. Of these, 8,579,016 are unmarried, 4,479,850 of whom are women. The number of married men who live with their wives is 7,508,766. The proportion of widows of twenty to widowers of the same age is as 820 to 81.

Infanticide in Great Britain.

"It was resolved," says the *Dublin Med. Press*, "at the Warwickshire quarter sessions this week, 'that a memorial be presented from this Court to Secretary Sir George Gray, calling attention to the great increase of infanticide and concealment of birth in children, and urging the necessity of some amendment of the law with a view to remedy the evil.'"

A step in the right direction—but the memorial should also include abortion.

VACCINATION.—Previous to the discovery of vaccination, and when the population of Great Britain was only 10,000,000, the number of deaths annually from small-pox was 30,000. Now, with a population of 30,000,000, the number of deaths is less than 10,000.

— A profound observer remarks: "I have often noticed at public entertainments, that when there is anything to be seen, and everybody wants particularly to see it, everybody immediately stands up and effectually prevents anybody from seeing any thing."

The same observation too often holds true in regard to demonstrative clinical instruction.

— "MISTAKES IN SURGERY," observes J. L. PETIT, "are only faults when we have the courage to publish them; but they become crimes when our pride induces us to conceal them."

— There are at present in the service one hundred and seventy surgeons and assistant surgeons belonging to the regular army.

Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey, will be held at New Brunswick, on the fourth Tuesday, 23d of January, at 7 o'clock, P. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday,) at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. AB'N COLES.

History of the Society by Dr. WM. PIERSON, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

WILLIAM PIERSON, Recording Secretary.

Dec. 16, 1865.

MARRIED.

BLISS—L'ASSELLE.—In Brooklyn, Jan. 3, Charles Bliss, M. D., late of Pittsfield, Mass., and Julie S., daughter of the late Hon. Louis M. L'Asselle, of that city.

DOLLIVER—GREGG.—In Boston, Dec. 21, by Rev. Dr. A. L. Stone, J. Winthrop Dolliver and Josie M., youngest daughter of Samuel Gregg, M. D., all of Boston.

DOUGALL—OAKES.—Jan. 4th, by Rev. Geo. Cooper, Dr. Charles Dougall and Miss Annie Oakes, all of Milton, Pa.

LEGGETT—EVYERSON.—At Waverly, N. Y., Dec. 23, by Rev. E. S. Johnson, Dr. A. Bleecker Leggett, eldest son of Rev. John H. Leggett, of New York, and Charlena, daughter of the late Chas. Everson, Esq., of Walkkill.

MACKELLAR—WILTANK.—Jan. 3d, by the Rev. J. H. Suydam, Mr. William B. Mackellar and Alice C., daughter of the late John Wiltbank, M. D., both of Germantown.

MECKLY—FRIDERICK.—On Jan. 1st, 1866, by the Rev. J. I. Mombert, Dr. T. W. Meckly, of Milton, Pa., and Lillie E., daughter of John Frederick, of Ephrata Mountain Springs.

MEDLIN—BRUSH.—On Dec. 27, 1865, at the house of the bride's father, by Rev. George Bringham, P. P. Medlin, M. D., of Newbern, N. C., and Miss Fannie L. Brush, of Philadelphia.

RICHARDS—GIBSON—SHURTLEFF—GIBSON.—At Chicago, Ill., Dr. R. T. Richards and Miss Speedy Gibson; and Dr. B. K. Shurtleff and Miss Lydia Gibson.

DIED.

ELYINGER.—At Kingston, Ulster co., N. Y., Dec. 27, 1865, of diphtheria, Jennie Halsey, only child of Dr. Edgar and Elizabeth Elyinger, aged 7 years and 12 days.

FOULKE.—In this city, on the 30th ult., of scarlet fever, Charles Antrim, son of Dr. John L. and the late Annetta P. Foulke, aged 8 years.

MAYBERRY.—On the 3d inst., Louis Audenried, infant son of Dr. Wm. and Amanda E. Mayberry, aged 2 months.

ROBERTS.—In New York, Jan. 3, John Louthain Roberts, M. D., aged 35 years.

THORN.—At Yellow Springs, Green co., Ohio, on the 10th Dec., Howard Thorn, son of Dr. Elihu Thorn, aged 16 years, 3 months, and 5 days.

WILLIAMS.—Dec. 24, 1865, of pneumonia, Lillie May, infant daughter of Dr. A. F. and Mary J. V. Williams.

OBITUARY.

Dr. J. B. Luden.

Dr. John Bernhard Luden died at Huntingdon, Pennsylvania, Sept. —, 1865.

Trained in the best medical schools of Europe, he came to this country in 1832, and soon after located at Huntingdon. Devoted to his profession, he kept pace with its progress, and often mingled with its associations, county, State, and national. A gentleman in manners, a scholar in attainments, a Christian in his deportment, his death has left a vacancy hard to fill, and friends and patients will long mourn his departure.

ANSWERS TO CORRESPONDENTS.

Dr. P. C. C. Elenton, Ohio.—Thompson's Clinical Lectures on Pulmonary Consumption, sent by mail, Jan. 6th.

Dr. W. P. R. Neumark, Tenn.—Porte Caustique and Hare-Lip Pins, sent by mail, Jan. 6th.

Dr. H. F. W. Preston, Md.—Wilson on Skin and Hair, sent by mail, Jan. 6th.

Dr. N. G. B. Wilson, Ill.—Drawers for Saddle Bags, medicine chest, and pocket medicine case, sent by Express, Jan. 4th.

Dr. J. H. E.—Set of Teeth Extracting Instruments, sent by Express, Jan. 5th.

Dr. Z. A. L. McCutchanville, Ohio.—Female Catheter sent by mail, Jan. 6th.

Dr. J. J. M. Paducah, Ky.—Care of Lowrie & Co., 12 vols. Reported, bound, sent by Express, Jan. 6th.

Dr. H. C. A., Sylvan, Mich.—Frick on Renal Affections and Walsh on Lungs, sent by mail, Jan. 6th.

Dr. R. H. M., Bound Brook, N. J.—Ashton on the Rectum is the latest and best work on that subject. Price \$3.00.

Visiting Lists have been sent to the following persons: Drs. J. S., Philadelphia; J. D. S., Lonaconing, Md.; I. S. C., Sergeantville, N. J.; J. A. E. R., Mountville, Pa.; L. B., Elizabeth, N. J.; J. L. B., Harney, Md.; R. M. C., Phila.; S. J. Z., Saddle River, N. J.; E. W. H. Y., Bethel, Conn.; J. S., Brant, Ohio; H. K. S. and C. S., Spencer, Ind.; C. G. T., Jonestown, Pa.

Hand Books have been sent to the following persons: Drs. E. P. H., Blawenburgh, N. J.; J. R., Liverpool, Pa.; W. S. H., Vergennes, Vt.; J. A. E. McG., Latrobe, Pa.; J. S. McC., Crawfordville, Ind.; J. B. Bedford, Ind.; M. C., Parkersburg, W. Va.; J. W. S., Centredale, R. I.; S. H. G., Philo, Ohio.